FEDERAL CASH TRANSACTIONS REPORT			OMB APPROVAL NO. 0348-0003	
(See instructions on the back. If report is for more than one grant or assistance agreement, attach completed Standard Form 272A.)			Federal sponsoring agency and organizational element to which this report is submitted.	
2. RECIPIENT ORGANIZATION Name: Number and Street City, State and ZIP Code:			4. Federal grant or other identification number	5. Recipient's account number or identifying number
			6. Letter of credit number	7. Last payment voucher number
			Give total number for this period	
			8. Payment Vouchers credited to your account	9. Treasury checks received (whether or not deposited)
			Period covered by this report	
3. FEDERAL EMPLOYER IDENTIFICATION NO.			FROM (month, day, year)	TO (month, day, year)
11. STATUS OF	a. Cash on hand beginning of reporting period		\$	
	b. Letter of credit withdrawals			
	c. Treasury check payment			
FEDERAL	d. Total receipts (Sum of lines b and c)			
CASH (See specific instructions on the back)	e. Total cash available (Sum of lines a and d)			
	f. Gross disbursements			
	g. Federal share of program income			
	h. Net disbursements (Line f minus line g)			
	i. Adjustments of prior periods			
	j. Cash on hand end of period			\$
12. THE AMOUNT SHOWN ON LINE 11j, ABOVE, REPRESENTS CASH REQUIREMENTS FOR THE ENSUING	13. OTHER INFORMATION			
	a. Interest income			\$
Days	b. Advances to subgrantees or subcontractors			\$
14. REMARKS (Attach addit	ional sheets of plain pa	aper, if more space is rec	quired)	
15.		CERTIF	FICATION	
I certify to the best of my knowledge and belief that this report is true in all respects and that all disbursements have been made for the purpose and conditions of the grant or agreement.	AUTHORIZED	Signature		Date Report Submitted
	CERTIFYING OFFICIAL	Typed or Printed Name	e and Title	Telephone (Area Code, Number, Extension)
THIS SPACE FOR AGENCY	USE			

NSN 7540-01-016-5434